

Date Sent 10-4-20

Date Resolved 10-5-20

Send to medical

Have I been Approved to be treated for Hep C?

Reply By: Eric McDaniel: At this time Hope Health Does not treat individuals incarcerated for HepC unless treatment was initiated prior to ARrest.

I have tried to get the Notary to come but she will not since the last papers she notarized for me in another lawsuit.

I Declare under penalty of perjury the foregoing is True and correct. Jh BFM  
1-19-21

John L Berfield  
6219 Friendfield Rd  
Birmingham S.C.  
29541

C. Hammond / ASPPM

Exhibit A-2

Date Sent 10-5-20

Date Resolved 10-6-20

Sent to Legal

Per Captain Patton I have been denied treatment for Hepatitis C. I am appealing medicals Decision to you.

Reply by: Lt Hammett: I will Forward your Request to Captain Patton and Sgt Neal.

I Declare under penalty of perjury the Forgoing is true and correct.

Jh Barfield  
6719 Friedfield Rd  
Effingham S.C. 29541

1-19-21

ROSWELL CARLOCKS Judge in another Suit has allowed him to write and get declarations from other inmates at the jail here about the detention centers failures to turn over Discovery and denying access to the courts. I received today 1-19-20 A paper from the judge saying I had to turn over discovery by the 4th or it would be thrown out I never received the first Date to turn over discovery. the envelope I got from the Judge was opened when I got it. This just goes to show I am not the only one they have done these thing too.

Jh Barfield

ON JANUARY 14 2020, Judge MARGARET Seymour of the Florence Division of the U.S. District Court for South Carolina signed a preliminary approval of a Settlement order granting Hepatitis C testing and treatment in the South Carolina prison system's. The Florence County Detention Center use's the South Carolina Department of Corrections, Standard's See Bates Stamped 839-892

The Hepatitis-C virus causes liver inflammation, scarring (Fibrosis) and decreased liver function. It can lead to liver disease, Cancer, internal bleeding and even death. The acceptable Standard of care for prisoners is across the Board testing and treatment with direct-acting Antiviral (DAA) drugs, which have been proven to provide a 95 percent cure rate. "A 3month treatment with a once a week regimen of pills that can be ordered from a Pharmacy!! Reducing the overall costs of long-term care for prisoners as well as preventing the spread of the disease after release. Denying me treatment Violates my Rights under the Americans with Disabilities act and Violates my Eight and Fourteenth Amendments.

I have been on medications since 10-24-19, that effect the Liver in a very traumatic way & tested positive for Hepatitis C on 8-26-19 (Bates # 235). I started asking to be treated on 5-29-20 (Bates # 732, 666, 667, 460, 715, 705 and Exhibit A-1) I Appealed to the administration on 6-7-20 (Bates # 460 and then Appealed to Captain Lynette Patton on 10-6-20 (Exhibit A-2)

This is trained medical personnel and know the side effects, and EFFECTS this medication has on the Liver (Bates # 726, 669 and 685.

Jh Bartfield  
John L Bartfield  
6219 Friendfield Rd  
Effingham S.C.  
29541

1-19-21

McElligott v Foley 182 F.3d at 1258 n.6) Holding that while inmates needs were not so serious that a delay of a day or so would have been constitutionally intolerable, a jury could find that week-long delays endured by inmate were product of deliberate indifference.

It's been 17 months since I tested positive. my lawyer say's I will possibly be here another year awaiting trial.

Farmer, 511 U.S. at 846 n.9 Thus, in lawsuits seeking injunctive relief, the standard of deliberate indifference helps jail and prison officials when they correct problems promptly, But when inmates get relief in court when serious problems go uncorrected.

Lancaster v Monroe County, 116 F.3d at 1425 (Clearly established that "an official acts with deliberate indifference when he knows that an inmate is in serious need of medical care, but he "fails" or refuses to obtain medical "treatment for inmate".

Jh Barfield

John L Barfield  
6719 Friendfield Rd

Ettingham S.C.

29341

1-19-21

Gabapentin/Neurontin 300 mg and 600 mg

Indications: Neuropathic 'Pain' Prevention of migraine Headaches, Anxiety.

Started Gabapentine on 4-23-20 until 9-29-20  
600mg's a day from 4-23-20 until 5-13-20. and 1,200 mg  
a day from 5-14-20 until 9-29-20 (See Exhibit C 27  
through C-46).

Gabapentin is the only medication that has NO  
side effects or adverse reactions in patients with  
Hepatitis or liver disease. It's the only medication that  
does not affect the liver at all. The Gabapentin was  
discontinued on 9-29-20 and replaced with Acetaminophen  
(See Exhibit C-46)

I was receiving Gabapentin for pain I'm in concerning a Testicular  
Hernia this medication helped. The Tylenol does not help just  
ebbs the pain. The Defendants were served by the US marshals  
on 9-10-20 for the suit concerning the non-treatment  
of my Hepatitis C. ~~the~~ <sup>Gabapentin</sup> was replaced by a medication  
that I was told in Request to medical on 8-22-20 that  
you can not take Tylenol but so long at a time. "It's bad  
for the liver long term" (See Bates Stamped No 685)

I have been on Tylenol steadily for 3 months now. With  
no other reason than the nurse don't want people taking  
Gabapentin. Dr Crawford prescribed me the Gabapentin. a nurse took  
me off. It's out of retaliation for the suits.

I Declare under penalty of perjury the foregoing is  
true and correct. Jk BeField 1

Information on Gabapentin~~ra~~ obtained from Davis's Drug  
Guide for Nurse's 14th edition. Available on officers Desk  
in every pod.

Acetaminophen: 2,000mg and 2 grams

Indications: treatment of mild pain

Metabolism and excretion: 85-95% metabolized by the Liver (CYP2E1 enzyme system)

Contraindications/Precautions: Should be avoided in Patients who have severe hepatic impairment or active liver disease.

Use cautiously! In Patients with hepatic disease (lower doses recommended) Adults should not take Acetaminophen longer than 10 days.

Adverse Reactions/Side Effects: Hepatotoxicity with high doses raises liver enzymes.

Drug to Drug interactions: Hepatotoxicity is additive with other hepatotoxic substances, including "Carbamazepine" may raise the risk of acetaminophen induced liver damage. "NSAIDs" may raise the risk of adverse effects (avoid chronic concurrent use)

Route/Dosage: Adults and children 12yr: (Not to exceed 2 grams within a 24hr period in patients with hepatic disease or renal impairment. "I have been on 2grams a day since 9-29-20" (Exhibit A-46) "That's 1gram at 4a.m and 1gram at 4.p.m a 12 hr period"

Lab test consideration: Evaluate hepatic hematologic and renal function periodically during prolonged high-dose therapy. "To date no Lab test have been done". Adults should not take acetaminophen longer than 10 days.

I started Acetaminophen 1,000mg a day starting 7-31-20 until 8-21-20 That's Twenty thousand milligrams that went through my liver.

I started Acetaminophen 2grams a day starting on 9-29-20 as of 12-27-20 And counting. That's one Hundred and Eighty grams. That's 90 grams over the recommended dose for a person with Hepatic impairment. 80 days longer than recommended, consecutively used.

I declare under penalty of perjury that the foregoing is true and correct.

Information from Davis's Drug guide for nurse's 14<sup>th</sup> edition available on officers Desk in every pod.

*JL Burt*

John L Burt  
6719 Friend Field  
Effingham S.C.  
29541

Mirtazapine/Remeron. 15mg, 30mg, 45mg

Indications: major depressive disorder, Generalized anxiety disorder and (P.T.S.D) Post-Traumatic Stress disorder.

Metabolism and Excretion: EXTENSIVELY metabolized by the "Liver" (P450 2D6, 1A2 and 3A enzymes involved); metabolites excreted in urine (75%)

Use cautiously in patients with hepatic or renal impairment

Adverse Reactions/Side Effects: Raises Liver enzymes.

"Tested positive For Hepatitis C on 8-22-19" (See Bates Stamp # 235)

Started mirtazapine ~~15~~ 15mg on 10-24-19 until 12-11-19. A total of 47 days and 555 mg's. (See Exhibit C-1 through C-7)

Started mirtazapine 30mg on 12-12-19 until 5-6-20. A total of 144 day and 4,290 mg's (See Exhibit C-8 through C-28)

Started mirtazapine 45mg on 5-7-20 AS of 1-7-21 That will be another 240 days and 10,800 mg's. (See Exhibit C-29 I am currently still on mirtazapine.

Since 10-24-19 until present day of 1-7-21 I have taken over "Fifteen thousand, Six hundred and Forty Five" milligrams of mirtazapine For (P.T.S.D)

"Information from Davis's Drug Guide For Nurse's 14th Edition Available on the Guard's Desk in every pod"

Carbamazepine / Tegretol. 400 mg

Indications: mood Stabilizer, anticonvulsants

metabolism and Excretion: Extensively metabolized in the Liver by cytochrome (P450 3A4)

Use Cautiously in Patients with Hepatic disease or renal Failure.

Adverse reactions / Side Effects: hepatitis, raises liver enzymes.

Started Carbamazepine on 2-6-20 until 4-1-20 A total of 55 days and Twenty two thousand milligrams of a medication with these types of effects on the liver knowing I have Hepatitis C. (See Exhibit C-16 through C-23)

Information out of Davis Drug Guide for Nurses 14<sup>th</sup> Edition this book is on the desk of the officer in every pod.

Bupropion/Wellbutrin 150mg 200mg

Indications: Treatment of depression

Metabolism and Excretion: Extensively metabolized by the liver into 3 active metabolites (CYP2B6)

Use Cautiously in Patients with Renal or Hepatic impairment.  
Use Extreme Caution in Patients with Severe hepatic Cirrhosis.

Lab test Considerations: Monitor Hepatic and Renal Function closely in Patients with Kidney or liver impairment, to prevent Raised Serum and Tissue concentrations.

I Started taking Wellbutrin 200mg a day Starting on 3-26-20 (See Exhibit C 23) 150mg with 200mg (See Exhibit C 24)

I Started taking Wellbutrin 150mg at 6am on 4-16-20 and 200mg at 4pm for a combined 350mg a day. AS of 12-16-20 That's 240 day and Eighty Four thousand milligrams. Metabolized by my liver.

Information obtained from Davis's Drug Guide for Nurses 14<sup>th</sup> edition. Available on officers Desk.

I Declare under penalty of perjury the foregoing is true and correct.

*J. B. R.*

John Barker  
6719 Friendfield Rd  
Effingham S.C.  
29541

Ibuprofen 800 mg

Indications: treatment of mild to moderate pain.

Metabolism and Excretion: mostly metabolized by the liver (99%)

Use Cautionably: ~~in~~ Patients with Renal or Hepatic disease (may raise the risk of Renal toxicity)

Adverse Reactions / Side Effects: G.I. Bleeding, Hepatitis.

Drug to Drug Interactions: Chronic use with acetaminophen may raise the risk of Renal Reactions.

Nursing Implications: ASSES for signs and symptoms of Hepatic impairment (Elevated liver enzymes.)

I started taking Ibuprofen ~~1600mg~~ 1600mg a day on 4-30-20 (See Exhibit C-25 through C-46) (That is Three Hundred, Eighty Four thousand milligrams) as of December 30th 2020.

Information from Davis's Drug Guide for Nurses 14<sup>th</sup> edition Available on officers Desk.

I declare under penalty of perjury that the foregoing is True and correct. JH Blum

The Detention Center Registered Nurse will have input into the development of all institutional emergency plans in which medical care or back-up preparation are implicated. This will include elements such as triage of casualties, use of emergency medical vehicles, use of local hospital emergency rooms, and communication and call-up procedures for medical staff.

#### **First Aid**

First aid kits approved by the Detention Center Registered Nurse will be maintained in the booking area.

The Detention Center Registered Nurse will determine the content of the kits, which at a minimum, will contain the following items:

- roller gauze
- triangle bandage
- adhesive bandages
- antiseptic lotion
- blunt end scissors, safety pins, and tweezers
- instruction pamphlets for first aid

The location and use of first aid kits will be reviewed at least annually by the Detention Center Registered Nurse or a designee, and an evaluation report will be forwarded to the Jail Manager.

#### **Emergency Training**

All staff will be trained in general recognition of signs and symptoms for common health care emergencies, knowledge of appropriate response actions (including the administration of first aid and CPR), and the ability to respond within four minutes.

Staff will also receive instruction on methods for obtaining emergency medical assistance; the signs and symptoms of mental illness, retardation, and substance abuse and dependency and follow-up procedures required for those cases; and procedures for arranging transfers to appropriate outside health care resources.

#### **Medical Care for Staff**

On-duty employees requiring emergency medical treatment will be provided that treatment by Detention Center medical staff. Non-emergency treatment will not be provided; however, medical staff may help employees obtain a referral for non-emergency treatment.

Policy Number: 4 . 5 . 3

<b>FLORENCE COUNTY LAW ENFORCEMENT COMPLEX DETENTION CENTER</b>	Policy Number  4 . 5 . 4	Pages 2
		January 1, 2017
Chapter Health Care	Related Standards SCDC 2055 * ACA 4-4346 4-ALDF-4C-01	
Subject Sick Call		

**POLICY**

It is the policy of the Detention Center to provide each offender with regular access to health care staff member who is qualified to screen, refer, and provide basic treatment for ongoing or emerging health care problems.

**PROCEDURE**

Sick call is an organized method of treating offender health problems. Sick call provides offenders with the opportunity to report a medical illness or other health problem and to receive diagnosis or treatment to alleviate the condition, if possible.

**Scheduling**

Sick call will be conducted on a daily schedule by a physician or nurse in a location accessible to all general population offenders. The person conducting the sick call will record the offender's name, number, and medical complaint; examine the offender to the extent required to ascertain the nature of the problem; provide appropriate treatment, if possible; and schedule the offender for further examination of treatment, if required.

**Records**

Daily sick call records will be maintained by the medical department.

A member of the security staff will assist the sick call officer with offender control and scheduling.

A log book will be maintained including a total list of all offenders attending sick call, their complaints, and the disposition of cases. The appropriate notation will also be made in the offender's medical records, indicating all medications and other care provided or referrals to other health care resources.

**Locked Unit Sick Call Access**

Sick call and medication distribution for offenders in locked unit status will be conducted by medical staff making rounds of the unit. Medical personnel conducting the locked unit sick call with fully record and indicate disposition for all complaints.

**Review of Sick Call**

Sick call reviews will be conducted at least once a week by a physician. Reviews will include an examination of the sick call log book, a review of referrals made by the sick call officer, oral discussion with the medical staff member who conducted sick call in locked housing units, and an actual examination of the offenders, if necessary.

Offenders serving intermittent sentences, such as weekends, will ordinarily be provided only emergency medical care.

#### **Transport**

Inmates are to be escorted by an officer and handcuffed at all times. The officer will remain present and keep the inmates restrained and removed only for assessment. The restraints will be replaced after assessment with no more than 10 inmates in the holding area at a time.

Policy Number: 4 . 5 . 4

<b>FLORENCE COUNTY LAW ENFORCEMENT COMPLEX DETENTION CENTER</b>	Policy Number  4 . 5 . 7	Pages 2
		January 1, 2017
Chapter Health Care	Related Standards ACA 4-4359, 4-4361, 4-4376-77 4-ALDF-4C-03	
Subject Special Health Care Programs		

**POLICY**

It is the policy of the Detention Center to provide health care programs to offenders, including chronic and convalescent care; gradual, supervised detoxification programs for substance abusers; health education; and care for the handicapped.

**PROCEDURE**

Based on initial intake screening and orientation information, a written individual treatment plan will be developed for each offender with a special care need at the time of classification.

Ordinarily, the details of this plan will be compiled by the appropriate physician, dentist, or other qualified health practitioner and communicated with the unit team.

Each such plan will include a statement of short-and long-term medical goals, specific courses of therapy needed, and provisions for referral to supportive or rehabilitative services when necessary.

**Chronic Care Cases**

The Detention Center Registered Nurse will maintain an up-to-date listing of all offenders diagnosed as having chronic diseases such as diabetes, heart disease, asthma, and similar disorders. These offenders will be listed as chronically diseased and will be seen minimally on a quarterly basis or as approved by the attending physician.

**Convalescent Cases**

If medically necessary, convalescing offenders will be admitted to a contract hospital following doctor-to-doctor consultation between the Detention Center Registered Nurse and the outside facility staff.

**Substance Abuse Cases**

When the medical staff deems in-house detoxification care sufficient, the offender's individual treatment program will specify any necessary treatment procedures, or necessary referrals.

When an offender is diagnosed as chemically dependent as to require ongoing pharmacological care, that the responsible physician will develop an individual treatment program. In such cases, the offender will at all times remain under medical supervision if there is a need for continued medication-based support for the withdrawal.

**Disabled and Aged Cases**

All disabled, handicapped, will be housed in facilities appropriate to their needs and will have equal access to programs.

Before staff places such offenders in any housing unit, program, or work assignment, they will consult with the Detention Center Registered Nurse regarding environmental needs. Every possible effort will be made to allow disabled offenders to participate in regular programming.

Any offender who may not, for medical reasons, participate in regular institutional programming will be the subject of a written report to the Shift Lieutenant, outlining the medical restrictions that prohibit program participation. The Detention Center Registered Nurse will evaluate the report and consider possible transfer of the offender to a more appropriate housing.

**Diets Medical**

Medical diets will be provided in accord with Policy 4.3.5.

Policy Number: 4 . 5 . 7



HopeHealth  
Test Result  
Waived Rapid HIV/HCV Test

<input type="checkbox"/> HopeHealth Edisto 1857 Joe S. Jeffords Hwy Orangeburg, SC 29115 803-535-2272	<input type="checkbox"/> HopeHealth Lower Savannah 120 Darlington Drive Aiken, SC 29803 803-643-1977	<input type="checkbox"/> HopeHealth Manning 11 West Hospital St Manning, SC 29102 803-433-4321	<input checked="" type="checkbox"/> HopeHealth Pee Dee 360 N. Irby Florence, SC 29506 843-667-9414
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*John Bartfield*

Name \_\_\_\_\_

*8/22/19* *E.J.*

Test Date \_\_\_\_\_ Test Site \_\_\_\_\_

*8/22/19*

Date Test Results Given \_\_\_\_\_

Results:

HIV

Non-Reactive/Negative ☒ Reactive/Preliminary Positive ☐ N/A ☐

HCV

Non-Reactive/Negative ☐ Reactive/Preliminary Positive ☒ N/A ☐

*John Bartfield*

Client Name (Print) \_\_\_\_\_

*John Bartfield*

Client Signature: \_\_\_\_\_

Tester Initial: *MSA*

AM I AT RISK? QUESTIONS TO ASK YOURSELF:

- ☐ Have you had unprotected sex (sex without a condom or any barrier) of any kind?
- ☐ If you a male, have you had any unprotected sex with another male?
- ☐ Have you had unprotected sex with someone who you know or suspect is infected with HIV?
- ☐ Have you had a sexually transmitted disease?
- ☐ Have you had unprotected sex with someone who would answer yes to any of these questions?
- ☐ Have you share needles or syringes to inject drugs or steroids?
- ☐ Have you had sex with multiple partners (that means more than 1 person)
- ☐ Have you had unprotected sex with someone who would answer yes to any of these questions?
- ☐ Have you share needles or syringes to inject drugs or steroids?
- ☐ Have you had sex with multiple partners (that means more than 1 person)

TEST RESULTS VALID UNTIL: \_\_\_\_\_

<b>Encounter</b>		08-22-2019 Thu 02:37 PM
<b>BARFIELD, JOHN LAWRENCE</b>		<b>Global Jacket# 17849 Gender: Male DOB 07-28-1984</b>
<b>Dictation:</b>	8/22/19 HOPE HEALTH TESTED	
<b>Vitals:</b>		
<b>Condition Related To:</b>		
<b>Dates:</b>	Current Illness Date: 1st Date Of Illness: Unable To Work Dates: Hospitalization Dates:	
<b>Diagnosis:</b>		
<b>Procedures:</b>		
<b>Providers:</b>	Attending Provider: Venters, Karen, ID:	

## INMATE GRIEVANCE

<b>Inmate:</b>	17849	BARFIELD, JOHN LAWRENCE
<b>File Date:</b>	7/31/2019 7:54:00 PM	
<b>Meeting Date:</b>		
<b>Resolution Date:</b>	8/1/2019 7:46:00 AM	
<b>Grievance Status:</b>	CLOS	

<b>Chairman:</b>	
<b>Member 1:</b>	
<b>Member 2:</b>	
<b>Officers:</b>	KIOSK7
<b>Subject of Grievance:</b>	MEDICAL/REQUEST/MEDICAL-OTHER REQUEST

**Statement:**

COULD I BE PUT ON THE HIV AND HEP C LIST

**Review:****Findings:**

SIGN THE HOPE HEALTH SHEET IN THE POD WHEN YOU SEE IT ON THE BOARD..  
CIVI HATCHELL

--

Florence County Detention Center

## INMATE GRIEVANCE

<b>Inmate:</b>	17849	BARFIELD, JOHN LAWRENCE
<b>File Date:</b>	7/30/2019 9:17:00 PM	
<b>Meeting Date:</b>		
<b>Resolution Date:</b>	7/31/2019 5:48:00 AM	
<b>Grievance Status:</b>	CLOS	
<b>Chairman:</b>		
<b>Member 1:</b>		
<b>Member 2:</b>		
<b>Officers:</b>	KIOSK7	
<b>Subject of Grievance:</b>	MEDICAL/MENTAL HEALTH/REQUEST/REQUESTING MENTAL HEALTH MEDICATIONS	

**Statement:**

COULD I BE PUT ON THE LIST TO SEE MENTAL HEALTH

**Review:****Findings:**

A203 FORWARD TO DR. SCEARCE  
CIVI HATCHELL

--

Florence County Detention Center

# INMATE GRIEVANCE

<b>Inmate:</b>	17849	BARFIELD, JOHN LAWRENCE
<b>File Date:</b>	5/13/2020 9:50:00 PM	
<b>Meeting Date:</b>		
<b>Resolution Date:</b>	5/14/2020 7:25:00 AM	
<b>Grievance Status:</b>	CLOS	

<b>Chairman:</b>	
<b>Member 1:</b>	
<b>Member 2:</b>	
<b>Officers:</b>	KIOSK11
<b>Subject of Grievance:</b>	MEDICAL/REQUEST/MEDICAL-OTHER REQUEST

## Statement:

I HAV ETOLD EVERY NURSE IN MEDICAL ABOUT THE WAY IBUPROPHEN MESSES WITH MY STOMACH. I ASK NURSE HOPE HATCHELL IF MY NUEROTENS HAVE BEEN INCREASED BY THE DOCTOR, SHE TOLD ME THEY COULD GIVE ME TYLENOL WHICH IS JUST ANOTHER NSAID WHICH MESSES WITH MY STOMACH EVEN WORS THAN THE IBUPRPHEN. THENSHE ASKS ME WHO WAS GOING TO ASK THE DOCTOR ABOUT THE NUEROTENS I TOLD HER ERIC. SHE SUCKS HER TEETH AND GOES HMM WITH AN ATTITUDE. SO I GUESS NURSE HOPE HATCHELL IS THE REASON I AM BEING DENIED AND DELAYED TREATMENT,AND TO BE MADE TO SUFFER.

## Review:

## Findings:

TYLENOL IS NOT AN NSAID AND SHOULD NOT AFFECT YOUR STOMACH. DR CRAWFORD WAS ASKED ABOUT THE MED INCREASE IN WHICH HE DENIED THE REQUEST FOR INCREASE  
CIVI MCDANIEL

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Florence County Detention Center



## INMATE GRIEVANCE

<b>Inmate:</b>	17849	BARFIELD, JOHN LAWRENCE
<b>File Date:</b>	5/29/2020 9:45:00 PM	
<b>Meeting Date:</b>		
<b>Resolution Date:</b>	5/30/2020 5:35:00 AM	
<b>Grievance Status:</b>	CLOS	

<b>Chairman:</b>	
<b>Member 1:</b>	
<b>Member 2:</b>	
<b>Officers:</b>	KIOSK11
<b>Subject of Grievance:</b>	MEDICAL/REQUEST/MEDICAL-OTHER REQUEST

**Statement:**

I TESTED POSITIVE FOR HEP C. ABOUT 10 MONTHS AGO TESTED POSITIVE IT IS VERY LIKELY THAT I WILL BE HERE FOR ANOTHER YEAR OR SO WAITING ON TRIAL . CAN I PLEASE BE TREATED FOR THE HEP C

**Review:**

**Findings:**

HOPE HEALTH DOES NOT TREAT FOR HEPC WHILE INCARCERATED  
CIVI HATCHELL

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Florence County Detention Center

## INMATE GRIEVANCE

<b>Inmate:</b>	17849	BARFIELD, JOHN LAWRENCE
<b>File Date:</b>	5/16/2020 10:38:00 PM	
<b>Meeting Date:</b>		
<b>Resolution Date:</b>	5/17/2020 6:02:00 AM	
<b>Grievance Status:</b>	CLOS	
<b>Chairman:</b>		
<b>Member 1:</b>		
<b>Member 2:</b>		
<b>Officers:</b>	KIOSK11	
<b>Subject of Grievance:</b>	MEDICAL/REQUEST/MEDICAL-OTHER REQUEST	

**Statement:**

COULD SOMEONE PLEASE ASK THE DOCTOR ABOUT STRONGER PAIN MEDS? PLEASE IM HURTING REALLY BAD

**Review:****Findings:**

HE INCREASED YOUR GABAPENTIN  
CIVI HATCHELL

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Florence County Detention Center

## INMATE GRIEVANCE

<b>Inmate:</b>	17849	BARFIELD, JOHN LAWRENCE
<b>File Date:</b>	5/30/2020 8:48:00 PM	
<b>Meeting Date:</b>		
<b>Resolution Date:</b>	5/31/2020 6:09:00 AM	
<b>Grievance Status:</b>	CLOS	
<b>Chairman:</b>		
<b>Member 1:</b>		
<b>Member 2:</b>		
<b>Officers:</b>	KIOSK11	
<b>Subject of Grievance:</b>	MEDICAL/REQUEST/MEDICAL-OTHER REQUEST	

**Statement:**

I DONT UNDERSTAND WHAT HOPE HEALTH HAS TO DO WITH ME GETTING TREATMENT FOR HEP C ITS A REGIMEN OF PILLS THEY CANT BE ORDERED?

**Review:****Findings:**

THAT IS THEIR RULE NOT OURS  
CIVI HATCHELL

--

Florence County Detention Center

## INMATE GRIEVANCE

<b>Inmate:</b>	17849	BARFIELD, JOHN LAWRENCE
<b>File Date:</b>	5/29/2020 9:48:00 PM	
<b>Meeting Date:</b>		
<b>Resolution Date:</b>	5/30/2020 5:36:00 AM	
<b>Grievance Status:</b>	CLOS	

<b>Chairman:</b>	
<b>Member 1:</b>	
<b>Member 2:</b>	
<b>Officers:</b>	KIOSK11
<b>Subject of Grievance:</b>	MEDICAL/MENTAL HEALTH/REQUEST/MENTAL HEALTH OTHER REQUEST

**Statement:**

THE PAIN IM IN IS CAUSING ME TO GET REALLY DEPRESSED PLEASE PUT ME ON THE PSYCH LIST

**Review:****Findings:**

B223 FOWARD TO DR. SCEARCE  
CIVI HATCHELL

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Florence County Detention Center

## INMATE GRIEVANCE

<b>Inmate:</b>	17849	BARFIELD, JOHN LAWRENCE
<b>File Date:</b>	5/31/2020 7:59:00 PM	
<b>Meeting Date:</b>		
<b>Resolution Date:</b>	6/1/2020 6:43:00 AM	
<b>Grievance Status:</b>	CLOS	

  

<b>Chairman:</b>	
<b>Member 1:</b>	
<b>Member 2:</b>	
<b>Officers:</b>	KIOSK11
<b>Subject of Grievance:</b>	MEDICAL/REQUEST/MEDICAL-OTHER REQUEST

**Statement:**

IS HOPE HEALTH THE ONLY PLACE THAT OFFERS TREATMENT FOR HEP C ??

**Review:****Findings:**

THAT IS THE ONLY PLACE THAT IS LOCAL WHO WILL TREAT INDIVIDUALS THAT WE ARE AWARE OF  
CIVI MCDANIEL

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Florence County Detention Center

## INMATE GRIEVANCE

<b>Inmate:</b>	17849	BARFIELD, JOHN LAWRENCE
<b>File Date:</b>	6/1/2020 10:42:00 PM	
<b>Meeting Date:</b>		
<b>Resolution Date:</b>	6/2/2020 6:45:00 AM	
<b>Grievance Status:</b>	CLOS	

  

<b>Chairman:</b>	
<b>Member 1:</b>	
<b>Member 2:</b>	
<b>Officers:</b>	KIOSK11
<b>Subject of Grievance:</b>	MEDICAL/REQUEST/MEDICAL-OTHER REQUEST

**Statement:**

HOW BAD IS THE EFFECTS OF ALL THE PILLS IM ON, ON MY LIVER?

**Review:****Findings:**

MEDICATIONS REACT DIFFERENTLY WITH EVERYONE  
CIVI MCDANIEL

Florence County Detention Center

## INMATE GRIEVANCE

<b>Inmate:</b>	17849	BARFIELD, JOHN LAWRENCE
<b>File Date:</b>	6/1/2020 10:42:00 PM	
<b>Meeting Date:</b>		
<b>Resolution Date:</b>	6/2/2020 6:45:00 AM	
<b>Grievance Status:</b>	CLOS	

  

<b>Chairman:</b>	
<b>Member 1:</b>	
<b>Member 2:</b>	
<b>Officers:</b>	KIOSK11
<b>Subject of Grievance:</b>	MEDICAL/REQUEST/MEDICAL-OTHER REQUEST

**Statement:**

HOW BAD IS THE EFFECTS OF ALL THE PILLS IM ON, ON MY LIVER?

**Review:****Findings:**

MEDICATIONS REACT DIFFERENTLY WITH EVERYONE  
CIVI MCDANIEL

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Florence County Detention Center

## INMATE GRIEVANCE

<b>Inmate:</b>	17849	BARFIELD, JOHN LAWRENCE
<b>File Date:</b>	5/31/2020 7:59:00 PM	
<b>Meeting Date:</b>		
<b>Resolution Date:</b>	6/1/2020 6:43:00 AM	
<b>Grievance Status:</b>	CLOS	
<b>Chairman:</b>		
<b>Member 1:</b>		
<b>Member 2:</b>		
<b>Officers:</b>	KIOSK11	
<b>Subject of Grievance:</b>	MEDICAL/REQUEST/MEDICAL-OTHER REQUEST	

**Statement:**

IS HOPE HEALTH THE ONLY PLACE THAT OFFERS TREATMENT FOR HEP C ??

**Review:****Findings:**

THAT IS THE ONLY PLACE THAT IS LOCAL WHO WILL TREAT INDIVIDUALS THAT WE ARE AWARE OF  
CIVI MCDANIEL

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Florence County Detention Center

## INMATE GRIEVANCE

<b>Inmate:</b>	17849	BARFIELD, JOHN LAWRENCE
<b>File Date:</b>	6/2/2020 1:59:00 PM	
<b>Meeting Date:</b>		
<b>Resolution Date:</b>	6/2/2020 2:53:00 PM	
<b>Grievance Status:</b>	CLOS	
<b>Chairman:</b>		
<b>Member 1:</b>		
<b>Member 2:</b>		
<b>Officers:</b>	KIOSK11	
<b>Subject of Grievance:</b>	MEDICAL/REQUEST/MEDICAL-OTHER REQUEST	

**Statement:**

HOW BAD IS IT ON MY LIVER?? SEEING I ALREADY HAVE HEP C..

**Review:****Findings:**

THAT CANNOT BE DETERMINED WITHOUT TESTING AND DUE TO YOU HAVING HEP C THERE IS NO WAY THAT WE CAN TELL IF THE MEDICATION MAKES YOUR LIVER WORSE OR THE DISEASE IS CIVI MCDANIEL

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Florence County Detention Center

## INMATE GRIEVANCE

<b>Inmate:</b>	17849	BARFIELD, JOHN LAWRENCE
<b>File Date:</b>	6/4/2020 8:24:00 PM	
<b>Meeting Date:</b>		
<b>Resolution Date:</b>	6/5/2020 6:39:00 AM	
<b>Grievance Status:</b>	CLOS	

<b>Chairman:</b>	
<b>Member 1:</b>	
<b>Member 2:</b>	
<b>Officers:</b>	KIOSK11
<b>Subject of Grievance:</b>	MEDICAL/REQUEST/MEDICAL-OTHER REQUEST

**Statement:**

IS THERE ANYWAY I CAN BE GIVEN IBUPROPHEN AND ORAGEL TO KEEP FOR INBETWEEN MED PASS ?  
THEMEDICINE IM GETTING WEARS OFF REAL FAST . THANK YOU

**Review:****Findings:**

2 IBUPROFEN AND 2 ORAJEL  
B223  
CIVI MCDANIEL

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Florence County Detention Center

## INMATE GRIEVANCE

<b>Inmate:</b>	17849	BARFIELD, JOHN LAWRENCE
<b>File Date:</b>	6/7/2020 8:42:00 PM	
<b>Meeting Date:</b>		
<b>Resolution Date:</b>	6/8/2020 9:21:00 AM	
<b>Grievance Status:</b>	CLOS	

  

<b>Chairman:</b>	
<b>Member 1:</b>	
<b>Member 2:</b>	
<b>Officers:</b>	KIOSK11
<b>Subject of Grievance:</b>	COMMISSARY/REQUEST/COMMISSARY-OTHER REQUEST

**Statement:**

I HAVE ASKED MEDICAL TO TREAT ME FOR THE HEPATITIS I TESTED POSITIVE FOR 10 MONTHS AGO. THEY HAVE DENIED ME TREATMENT.. UNDER THE 8TH AMENDMENT I AM ENTITLED TO MEDICAL CARE FOR CHRONIC CONDITIONS LIKE HEPATITIS. BY DENYING AND OR DELAYING ME TREATMENT THE MEDICAL PERSONEL AND ADMINISTRATION ARE VIOLATING MY 5TH AND 14TH DUE PROCESS RIGHTS. I HAVE ASKED AND BEEN DENIED.. THIS IS MY LAST STEP BEFORE I FILE SUIT....CAN I PLEASE BE TREATED FOR MY HEPATITIS C?

**Review:**

**Findings:**

YOU SAID MEDICAL DENIED YOUR TREATMEN. DID YOU ASK WHY? YOU ARE WRITING THE ACCOUNT DEPARTMENT. WE CAN NOT APPROVE MEDICAL CARE.  
ADMI CUNNINGHAM

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Florence County Detention Center

## INMATE GRIEVANCE

<b>Inmate:</b>	17849	BARFIELD, JOHN LAWRENCE
<b>File Date:</b>	6/7/2020 8:37:00 PM	
<b>Meeting Date:</b>		
<b>Resolution Date:</b>	6/8/2020 9:25:00 AM	
<b>Grievance Status:</b>	CLOS	

<b>Chairman:</b>	
<b>Member 1:</b>	
<b>Member 2:</b>	
<b>Officers:</b>	KIOSK11
<b>Subject of Grievance:</b>	COMMISSARY/REQUEST/COMMISSARY-OTHER REQUEST

**Statement:**

THE REASON I HAD TO GO TO THE DOCTOR IS FOR SOMETHING THAT HAPPENED HERE.. SEEING AS IM A WARD OF THE COUNTY THAT MEANS THE COUNTY IS RESPONSIBLE FOR ME

**Review:****Findings:**

THE DETENTION CENTER IS A PRETRIAL FACILITY WHICH MEANS YOU HAVE NOT WENT TO TRIAL AND HAVE NOT BEEN FOUND GUILTY OR INNOCENT YET. THIS MEANS ANY MEDICAL BILLS WILL BE YOURS. HOWEVER; IF YOU ARE FOUND GUILTY AND IS SENT TO PRISON, THEN YOU WILL BE A WARD OF THE STATE.

ADMI CUNNINGHAM

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Florence County Detention Center

## INMATE GRIEVANCE

<b>Inmate:</b>	17849	BARFIELD, JOHN LAWRENCE
<b>File Date:</b>	6/15/2020 8:51:00 PM	
<b>Meeting Date:</b>		
<b>Resolution Date:</b>	6/16/2020 6:37:00 AM	
<b>Grievance Status:</b>	CLOS	

  

<b>Chairman:</b>	
<b>Member 1:</b>	
<b>Member 2:</b>	
<b>Officers:</b>	KIOSK11
<b>Subject of Grievance:</b>	MEDICAL/REQUEST/MEDICAL-OTHER REQUEST

**Statement:**

COULD YOU PLEASE ODER THE PILLS FOR MY HEP C?? I NEED TO BE TREATED FOR IT GETS WORSE

**Review:****Findings:**

THE DOCTOR WILL NEED TO SEE YOU  
 B223  
 CIVI MCDANIEL  
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Florence County Detention Center

## INMATE GRIEVANCE

<b>Inmate:</b>	17849	BARFIELD, JOHN LAWRENCE
<b>File Date:</b>	6/20/2020 7:38:00 PM	
<b>Meeting Date:</b>		
<b>Resolution Date:</b>	6/21/2020 6:57:00 AM	
<b>Grievance Status:</b>	CLOS	

<b>Chairman:</b>	
<b>Member 1:</b>	
<b>Member 2:</b>	
<b>Officers:</b>	KIOSK11
<b>Subject of Grievance:</b>	MEDICAL/REQUEST/MEDICAL-OTHER REQUEST

**Statement:**

COULD I PLEASE GET SOME IBUPROFEN AND ORAJEL

**Review:****Findings:**

2 TYLENOL AND 2 ORAJEL

B223

CIVI MCDANIEL

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Florence County Detention Center

## INMATE GRIEVANCE

<b>Inmate:</b>	17849	BARFIELD, JOHN LAWRENCE
<b>File Date:</b>	8/22/2020 1:11:00 PM	
<b>Meeting Date:</b>		
<b>Resolution Date:</b>	8/22/2020 2:03:00 PM	
<b>Grievance Status:</b>	CLOS	

  

<b>Chairman:</b>	
<b>Member 1:</b>	
<b>Member 2:</b>	
<b>Officers:</b>	KIOSK12
<b>Subject of Grievance:</b>	MEDICAL/REQUEST/MEDICAL-OTHER REQUEST

**Statement:**

COULI I PLEASE BE PUT BACK ON TYLENOL

**Review:****Findings:**

YOU CAN NOT TAKE TYLENOL BUT SO LONG AT A TIME. ITS BAD FOR THE LIVER LONG TERM  
CIVI HATCHELL

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Florence County Detention Center

## INMATE GRIEVANCE

<b>Inmate:</b>	17849	BARFIELD, JOHN LAWRENCE
<b>File Date:</b>	8/24/2020 2:25:00 PM	
<b>Meeting Date:</b>		
<b>Resolution Date:</b>	8/24/2020 2:59:00 PM	
<b>Grievance Status:</b>	CLOS	

<b>Chairman:</b>	
<b>Member 1:</b>	
<b>Member 2:</b>	
<b>Officers:</b>	KIOSK12
<b>Subject of Grievance:</b>	MEDICAL/REQUEST/MEDICAL-OTHER REQUEST

**Statement:**

COULD I PLEASE BE PUT ON THE LIST TO SEE THE DR THE PEANUT BUTTER IS TEARING MY STOMACH UP PLEASE TAKE ME OFF.. PLEASE SEND PEPTO TABS

**Review:****Findings:**

FORWARD TO FNP  
S210  
CIVI MCDANIEL  
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Florence County Detention Center

## INMATE GRIEVANCE

<b>Inmate:</b>	17849	BARFIELD, JOHN LAWRENCE
<b>File Date:</b>	9/3/2020 12:59:00 PM	
<b>Meeting Date:</b>		
<b>Resolution Date:</b>	9/3/2020 2:19:00 PM	
<b>Grievance Status:</b>	CLOS	

  

<b>Chairman:</b>	
<b>Member 1:</b>	
<b>Member 2:</b>	
<b>Officers:</b>	KIOSK12
<b>Subject of Grievance:</b>	MEDICAL/REQUEST/MEDICAL-OTHER REQUEST

**Statement:**

I TESTED POSITIVE FOR HEP C CAN I PLEASE BE TREATED FOR IT I WANT BE LEAVING TILL NEXT YEAR

**Review:****Findings:**

HOPE HEALTH DO NOT TREAT INMATES FOR HEP C UNLESS THEY HAVE INITIATED TREATED PRIOR TO INCARCERATION  
CIVI MCDANIEL  
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Florence County Detention Center

## INMATE GRIEVANCE

<b>Inmate:</b>	17849	BARFIELD, JOHN LAWRENCE
<b>File Date:</b>	9/8/2020 2:17:00 PM	
<b>Meeting Date:</b>		
<b>Resolution Date:</b>	9/9/2020 8:36:00 AM	
<b>Grievance Status:</b>	CLOS	

<b>Chairman:</b>	
<b>Member 1:</b>	
<b>Member 2:</b>	
<b>Officers:</b>	KIOSK12
<b>Subject of Grievance:</b>	MEDICAL/REQUEST/MEDICAL-OTHER REQUEST

**Statement:**

HAVE I BEEN APPROVED TO HAVE MY HERNIA SURGERY

**Review:****Findings:**

AS OF NOW THE SURGERY HAS BEEN DENIED  
CIVI MCDANIEL

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Florence County Detention Center